

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 21 1934

JUL 8 7 52

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township KearneyPrimary Registration District No. 1003City K.C. Mo(No. 19 West 40th, St. Ray,File No. 24453Registered No. 3042St. Ward2. FULL NAME Laura Hancock(a) Residence, No. 19 West 40th Way St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas D. Hancock6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 1858

7. AGE

YEARS 83MONTHS 9DAYS 8

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Haley County(STATE OR COUNTRY) Mo.13. NAME No record14. BIRTHPLACE (CITY OR TOWN) No record

(STATE OR COUNTRY)

15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN) No record

(STATE OR COUNTRY)

17. INFORMANT Mrs. Rena H. Conant(ADDRESS) 19 West 40th, St. Ray

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ossola, Mo. DATE July 11 3419. UNDERTAKER Mrs. C. F. Porter(ADDRESS) 918 Broadway, Ave.20. FILED July 10 1934M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 3422. I HEREBY CERTIFY that deceased from several years ago July 9, 1934I last saw him alive on July 3, 1934 Death is saidto have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the rectum
460

Date of onset

Other contributory causes of importance

Name of operation ✓Date of ✓What test confirmed diagnosis? ✓Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓Date of injury ✓, 1934Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. Miller(Address) 717 Shulist Bldg, K.C. Mo

Shubert Bldg.